

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/592032

FILING DATE

APPLICANT(S)

CLAIMS

		AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
		IND.	DEP.	IND.	DEP.	IND.	DEP.
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50							
TOTAL IND.				2			
TOTAL DEP.				13			
TOTAL CLAIMS				15			

		AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							